



Low-threshold drug help services in Vienna - A gender-sensitive analysis

Authors:

David Neusteurer, University of Vienna

Marie Němcová, University of Prague

Sedef Bedir, University of Szeged

Agency: UNODC

Mentors: Zhannat Kosmukhamedova

Counsels: Michael Platzer

Contents

1	Introduction	- 1 -
2	Towards a gender-sensitive approach in low-threshold drug help institutions	- 2 -
2.1	Effects of drug usage on both sexes	- 2 -
2.2	Low-threshold institutions as providers of harm reduction services	- 3 -
2.3	Gender-sensitive harm reduction	- 3 -
2.4	A long way towards a gender-sensitive drug policy	- 5 -
3	Research Design and Methods	- 7 -
3.1	Data collection	- 7 -
3.2	Data analysis	- 8 -
4	Research results	- 8 -
4.1	Differences between women and men who use drugs	- 8 -
4.2	Obstacles for women to reach drug help institutions	- 10 -
4.3	Already implemented and well-functioning offers	- 11 -
4.4	Required measures to improve the offer for women who use drugs	- 14 -
5	Discussion and outlook	- 15 -

Abstract

People who use drugs are facing individual challenges due to their drug use disorder. Looking closer to this variety of harmful effects for people who use drugs, it becomes obvious that gender disparities exist and that using drugs affect men and women differently. This is reflected in a higher stigmatization and vulnerability of women who use drugs. Our research focuses on an improvement and enlargement of gender-sensitive approaches in low-threshold drug help institutions in Vienna. For our empirical research we chose a qualitative approach and conducted four problem-focused interviews with professionals working predominantly in low-threshold institutions. The results of the interviews show on the one hand well-functioning and already implemented offers such as same-sex counseling, a women's café, a multidisciplinary approach or regular women focusing network meetings amongst others. On the other hand, the results demonstrate also required improvements like an enlargement of women-specific opening hours, possible access for women with childcare responsibilities or a better and an easier access to psychotherapy amongst others. Although there is a high consciousness about and a high willingness to enlarge gender-sensitive drug work in the different institutions, there is a lack of resources necessary to implement the mentioned improvements.

Low-threshold drug help services in Vienna - A gender-sensitive analysis

David Neusteurer, Marie Němcová, Sedef Bedir

1 Introduction

The use of drugs is a worldwide phenomenon and concerns people on all levels of society. Worldwide, about 5% of all adults between 15 and 64 years, more specifically 250 million people used at least one drug in the year 2014. It is estimated that 29 million people of those are suffering from drug use disorder and almost the half of them are people who inject drugs (PWID). Although the number of people using drugs didn't increase in relation to the world population growth in the last four years, the issue must be taken seriously due to its vast negative effects on affected people and societies. (UNODC 2016a)

Looking closer to this variety of harmful effects for people who use drugs, it becomes obvious that gender disparities exist and that using drugs affect men and women differently. This is reflected in a higher stigmatization and vulnerability of women who use drugs. Women face a higher probability than men to get a co-occurring mental health disorder or to be a victim of violence or abuse. In addition, women are also more often involved in violent acts, due to the drug dependency of family members. In terms of criminal justice, necessary improvements to meet the special needs of women in prison are missing and are still a high-risk area for infectious diseases. (UNODC 2016a, 2016b) Studying these gender parities requires a very precise investigation to avoid simplified conclusions that may lead to inaccurate outcomes. (UNODC 2016a)

Drug-related issues have still a high relevance as a social, health and legal problem and require a comprehensive approach to deal with it in a proper way. Many stakeholders on different societal levels are dealing with this issue, reaching from the person who uses drugs over professionals in the support system to policymakers on the local, national and international level.

Due to the high potential of drugs to entail vast harmful consequences for people with a drug use disorder and the fact that these consequences are observable in almost every region in the world, the UN has been working on this topic for several decades. Most recently, the UNGASS 2016 dealt with the world drug problem that shows the consciousness about this relevant issue. Although the taken efforts led to certain improvements, especially sufficient implemented gender sensitive drug policy and treatment, the necessary programs are missing. While there is growing awareness about this shortcoming, apparently through the existence of sophisticated literature, the practical implementation on the local level lag those recommendations.

Our research ties on this shortcoming and focuses on gender-sensitive approaches in low-threshold drug help institutions in Vienna. We chose Vienna for our field work because of its highly developed system of social security and differentiated drug help system. On the one hand,

we consider Vienna as a role model, where many recommendations for a gender-sensitive work with drug using people are already implemented. On the other hand, we take a closer look at the lacks that still exist and how to improve a gender-sensitive approach.

Therefore, we developed the following guiding research question: How can low-threshold offers of Viennese harm reduction programs for women who use drugs be improved? To find answers to this question in a reasonable way, we undertook a literature research for general recommendations and best practice examples for drug policy in general and more specifically for women-sensitive harm reduction approaches. In a second step, we conducted four qualitative problem-focused interviews with professionals working in low-threshold drug help institutions to receive individual ideas and opinions how the offer for women who use drugs can be improved. The overall aim of the research is to specify possible improvements of investigated Viennese drug help offers in terms of their effectiveness for women who use drugs.

First, we outline relevant findings of the literature research in terms of gender-sensitive harm reduction and international aspects of drug policy. Specifically, we discuss aspects of low-threshold institutions, give justification for a gender-sensitive harm reduction approach and discuss gender-sensitive drug policy. The next chapter will describe the methodological approach of our research, including the methods used to collect and analyze the data. The fourth chapter deals with the results of the empirical research and presents the different findings from the interviews. The last chapter provides a discussion that connects the findings of the literature review with those of the interviews. The including outlook states further recommendations for the Viennese drug help system to improve their offer for women who use drugs.

2 Towards a gender-sensitive approach in low-threshold drug help institutions

People who use drugs are facing individual challenges due to their drug use disorder. To reduce harmful consequences of this behavior, low-threshold institutions and offered harm reduction programs are an essential part of any drug treatment. Due to the different effects of drugs women and men are facing, gender-sensitive approaches are required.

2.1 Effects of drug usage on both sexes

Other than men, women who use drugs face risks and harms to a higher extent such as acts of violence, stigmatization, criminalization, higher mortality rates, among others. (Pinkham et al. 2012) They are also more vulnerable to get a co-occurring mental health disorder or to become a victim of violence or abuse than men. (UNODC 2016 a, b) Other obstacles in accessing harm reduction services are fear of publicly admitting a drug problem, lack of harm reduction services in remote areas, dependence on a sexual partner who also uses drugs or fear of being separated from her children. (Sakha et al. 2015) Women who use drugs are often still seen as accountable

for their misery. When health staff look at an untidy woman in many cases they start to be unfriendly and tend to discriminate this person. (IHRDP 2007)

2.2 Low-threshold institutions as providers of harm reduction services

Institutions providing harm reduction services as part of drug treatment can be classified either as low-threshold institutions, as high-threshold institutions or somewhere in between. A low-threshold institution is characterized as flexible, non-judgmental and easily accessible to a wide range of people who use drugs (especially for marginalized and hard to reach clients). Complete abstinence from drugs is usually not required. (Keeney, Saucier 2010)

Low-threshold institutions emerged to counter four main thresholds, namely, registration, competence, effectiveness, and trust that prevent people who use drugs from entering drug services. (Mental Health Weekly Digest 2013)

In terms of methadone or buprenorphine substitution therapies, more concrete thresholds such as admission restrictions, limited opening hours or waiting lists can cause failures of the treatment. (Keeney, Saucier 2010)

In general, low-threshold institutions are an extremely important part of the system of drug services. Mostly, they represent the client's first contact with a drug help service. Thus, the first impression and feelings affect the further continuance and chances to support. In other words, if people who use drugs face disrespect or distrust during their first visit to a low-threshold institution, they will probably never return. To avoid such a situation, employees of a low-threshold institution should be highly qualified professionals. Visitors of low-threshold institutions are very heterogeneous and include very unstable people with an excessive drug usage pattern, people with experimental usage and co-dependent relatives. Beside harm reduction services, contact work, health services, and psychosocial counseling are further important offers. (Adiktologie 2006).

In Vienna, low-threshold institutions target people of the open drug scene that are most at risk to suffer heavy social and health problems due to their drug use. In addition, this group often has difficulties to reach the institutions on their own and to comply with demanded house rules. Therefore, an intense outreach effort, such as street work and anonymous offers are necessary to reach those people. The Vienna Drugs Commission aims an enlargement of low-threshold services and complementary services to decrease further expansion of infectious diseases due to intravenous drug use. (Sucht- und Drogenkoordination Wien 2013)

2.3 Gender-sensitive harm reduction

Harm reduction services should be provided in every drug help institution, irrespective of their low or high-threshold status. Generally, harm reduction involves many activities such as providing information about the safe usage of drugs, HIV, distribution of new needles, syringes or condoms as well as warnings about drugs that are cut with harmful substances. (Fiorito 2011)

Less discussed but still very important parts of harm reduction services are opioid substitution therapy, antiretroviral therapy, and prevention or treatment of tuberculosis. All these activities can reduce not only the risk of HIV transmission among people who use drugs but also drug dependence and mortality. (UNODC 2014)

The main idea of harm reduction is ‘if we cannot stop people from using drugs – and we certainly have not been able to do so since the discovery of drugs – then how can we reduce the harm that drugs do?’ (Fiorito 2011) It is very often discussed whether or not the goal of harm reduction should be abstinence. However, according to many specialists, total abstinence is not always desirable. Walter Cavalieri says, ‘Harm reduction is about ending misery and saving lives.’ (Fiorito 2011)

To fulfill the needs of both sexes, harm reduction programs should follow a gender-sensitive approach. This is due to significant gender differences in terms of implications of using drugs.

Although beneficial effects of gender-sensitive harm reduction services have been multiply discussed, there is still a lack of these programs. (Pinkham et al. 2012)

A very important gender-related issue deals with the rare consideration of women’s needs in harm reduction and drug treatment programs, due to the predominance of male drug users. A gender-sensitive approach should include the creation of a safe and comfortable environment for women which could be established through opening hours and space just accessible for women or by employing safeguards that avoid threats by men. This is especially important, due to the higher probability of experienced physical or sexual violence by female drug users. (UNODC 2016 b) Gender-based violence can be also one of the barriers that prevent women who use drugs to access treatment. Therefore, harm reduction providers should be able to identify these cases and provide appropriate counseling for affected people, as well as for couples and relatives. (UNODC 2009)

In the worst case, ignoring all those needs will lead to an unintentional exclusion of women and to an increase of the risk of human rights abuses. This, in turn, may lead to a reduction of females using care services and to an even less gender-sensitive approach, due to the underrepresentation of women who use drugs. (UNODC 2016 b) In fact, women who use drugs are rather hidden and reserved and are therefore very hard to reach for professionals.

Another key point of a suitable gender-sensitive harm reduction is timing. This is especially important for women with childcare responsibilities, who face difficulties to keep appointments. To meet these issues, appropriate supplies such as children clothing, food, leaflets with women issues, menstrual pads, etc. must be provided. (UNODC 2009)

In general, a safe and non-threatening environment is crucial to attract female drug users for harm reduction and drug help services. (UNODC 2016 b)

In terms of other very significant differences between men who use drugs and women, it also has been proved that women become drug dependent faster than men and women who use drugs are also at higher risk for HIV infections. In addition, women who use drugs often become sex workers to get money for acquiring drugs. (Pinkham et al. 2012) Although usage of drugs and sex

work overlap very often, talking about issues connected with sex is a sensitive topic for every woman. Harm reduction providers should be aware of this fact and their task to provide a private and trustworthy environment for such a conversation. (UNODC 2009)

Offering adequate drug treatment programs for women get even more challenging during pregnancy or if women have childcare responsibilities. The spread of incorrect information about pregnancy and drug usage via media, popular belief but also via ill-informed healthcare providers reduce the probability for women to give birth to healthy babies. It would be highly necessary to reach pregnant drug users as early as possible to prevent far-reaching negative consequences for mother and child. In some areas, pregnant women who use drugs can be excluded from health care services and may also lose their parental rights. (IHRDP 2007)

To be able to offer gender-sensitive harm reduction, service providers must be trained and educated in issues concerning usage of drugs and pregnancy. Especially pregnant women who use drugs are judged more severe than their male counterpart. This phenomenon is called double deviation. Public opinion base on the failure of these women – they fail in the role of women, wife and even mother. (UNODC 2009)

All these reasons should affirm that the implementation of gender-sensitive harm reduction programs is necessary to meet women's needs and to ensure an effective treatment process.

In Vienna, the 'Vienna Guidelines for a Gender-Sensitive Approach to Addiction and Drug Work' ensures the consideration of gender mainstreaming in the Viennese drug help network. There it is stated that '[...] gender mainstreaming promotes equality of women and men, raises awareness about gender-specific needs, and contributes thereby to continual improvement in quality of treatment and care.' (Sucht- und Drogenkoordination Wien 2013) It includes a guideline differentiated in three sections, namely for the structure of drug support facilities, for human resources management and for gender-sensitive research. Most notable for this work is the aim '[...] to eliminate such access barriers as may exist.' (Sucht- und Drogenkoordination Wien 2013)

2.4 A long way towards a gender-sensitive drug policy

On the international level the UNGASS 2016 offered the opportunity to discuss all these issues mentioned above. Through that, it became obvious that the global drug control regime is failing mostly because it is based on the prohibition of drugs and on the criminalization of people who use drugs. In contrast, a new global drug policy that considers the specific needs of every affected group of people who use drugs is needed. (GCDP 2014)

Improvement of health services, harm reduction and the provision of information about harms connected with the use of drugs are the main fields of concerns. A better global drug policy includes the assurance of individual's health and safety, access to needed medication, sufficient harm reduction and treatment for people who use drugs, the end of criminalization and imprisonment of people who use drugs and the regulation of drug markets. (GCDP 2014) Obstacles for such a change of the global drug control regime are powerful bureaucracies and the

persisting idea of a 'drug-free' world¹ that is more destructive than one could imagine. Limited amounts of provided syringes and needles did not reduce the drug consumption but led only to an increase in syringe sharing and drug-related diseases. (GCDP 2012)

Although it has been proven that health-based drug policies (involving syringes exchange and injecting rooms) decrease drug demand and drug-related issues, the creation and implementation of a new global drug policy is a slow and contested process. (GCDP 2014)

In this way brave steps towards decriminalization of possession of drugs and their use were taken in 2001 by Portugal. Although drugs are still illegal, people who use drugs are no more seen as criminals. Possession of drugs became an administrative offense and was accompanied by harm reduction programs, prevention measures, and social education. The reforms led to a reduction of people who use drugs in certain categories and also to a reduction of people with drug-related diseases. Moreover, Portugal accomplished one of the lowest levels of drug consumption in the European Union. Since the reforms, drug help institutions can easily approach people who use drugs due to the increased trust in the drug help system. Every day a street worker team in Lisbon is out in the streets to provide information about drug treatment, new syringes, needles and condoms to people who use drugs. (Domoslawski 2011)

Another good example of harm reduction efficacy can be found in Switzerland. In the late 1980s, the country suffered from an epidemic of HIV that was caused by an increase in drug injection. To be able to address this challenge, Swiss authorities introduced needle exchange, safe injection rooms, and substitution programs. Evaluations became also a very important feature of this new approach and their results were reflected in the drug policy. (Csete 2010)

In general, an effective drug policy should be based on science and should be open to new programs, approaches, and criticisms. (Csete 2010)

The need for a gender-responsive harm reduction and a supportive legislation for all above-mentioned actions were also discussed during UNGASS 2016. (UNODC 2016 b) Although the topic of gender-sensitive harm reduction is rather a new issue, several actions have been proven effective. This includes the provision of centers only designated for women or opening hours for women only that increase their security. In addition, children's corners, the provision of integrated services to address specific needs of women, as well as legal literacy and services are often still missing. (Malinowska-Sempruch 2015) Since women who use drugs are very often left by their family and are characterized by disruption of social relations, it is also very important for them to build trustful relationships with professionals working in harm reduction programs. (Sakha et al. 2015)

¹ The idea of "drug-free" world is a former global drug policy which main aim was the total elimination of illicit drugs. As a consequence, millions of people were criminalized for a non-violent drug offense. New global drug policy focuses on reducing harms that drugs cause and drug addiction is seen as a disease.

3 Research Design and Methods

For our empirical research, we focused on low-threshold drug help institutions in Vienna. We chose Vienna for our field research because of its high development of a social security system, including the drug help system. Therefore, we are interested, in which of the above mentioned aspects Vienna represents a role model and where there are still lacks regarding gender-sensitive harm reduction services.

In terms of our research question – ‘How can low-threshold offers of Viennese harm reduction programs for women who use drugs be improved?’ - a qualitative approach might be reasonable as it allows a more detailed investigation of the topic and the exploration of individual ideas on how low-threshold Viennese harm reduction programs could work better for women who use drugs.

3.1 Data collection

The main method to collect the relevant data will be a problem-focused interview that is conducted openly and semi-structured. This type of interview is used for theory-based qualitative research that bases on a broad range of available theoretical knowledge and for working on specific formulated questions, generated from a specific problem analysis. (Mayring 2002)

An important characteristic of the problem-focused interview is the openness of the questions, without any specifications. That guarantees the possibility of individual narrative responses to every question of the interviewee. This has some advantages: one can verify if the interviewee understood the question correctively, the interviewee shares his or her subjective considerations about the topic, the respondent can explain more complex connections and the concrete circumstances of the interview can be discussed. (Mayring 2002)

The development of the interview guideline are based on the acquired knowledge of the previous literature research and the defined research question and the further sub-questions, respectively. (Mayring 2002).

For our research, we conducted four interviews with professionals working predominantly in low-threshold institutions. We chose those institutions, because of their rather low-threshold approach and their uniqueness in the Viennese drug help system. Therefore, it was our aim to get a broad insight from different perspectives for our research. The four institutions include the biggest and most low-threshold socio-medical service in Austria, called ‘Jedmayer’. Their offer is based on harm reduction and includes a day center, dwelling places, counseling and care, prevention of infection and street work.² Furthermore, we interviewed staff from the most low-threshold medical service for people who use drugs, an outpatient service, called ‘Ambulatorium suchthilfe wien’. They offer people who use drugs a socio-medical clarification and longer-term care.³ Other than that, the institution ‘checkit!’ is an information and counseling center for

² <http://www.suchthilfe.wien/beratung-betreuung-wohnen/jedmayer/> Accessed December 8, 2017

³ <http://www.suchthilfe.wien/beratung-betreuung-wohnen/ambulatorium-shw/> Accessed December 8, 2017

recreational drugs. Their offer is versatile and includes different forms of counseling, drug checking at different events, group offers and a recreational room among others.⁴ The fourth institution is a rather higher-threshold counseling center, called 'Integrative Suchtberatung Modecenterstraße' that offers a women-specific group offer once a week.

3.2 Data analysis

For the analysis of data, we use a qualitative content analysis. The aim of a scientific content analysis is to be theory-based, to interpret the results of the analysis in relation to the research question and to connect it with relevant theories. The text of the interview must be systematically structured and ordered and the process of analysis must be transparent and verifiable. (Deutschmann 2014)

For the analysis of the interview text we followed a deductive approach. Therefore, we developed theory-based categories and assigned relevant text passages to the appropriate category (coding). Furthermore, we summarized the different codes to consistent statements. To get the key findings we built correlations and connections between the different statements and reconnected the findings with the developed theory. (Deutschmann 2014)

4 Research results

4.1 Differences between women and men who use drugs

In terms of differences between women and men who use drugs, the interviewees described a broad variety.

The interviewees stated that women have rather passive demeanor. They are calmer, shyer and are more ashamed because of their drug usage than men. (I3: 5-6, I3: 28, I4: 27) This may correlate with the observation that women appear later in supportive institutions and can hide their drug usage for a longer time than men. So, they can maintain a stable image of their own towards their social network and are more unobtrusive in the public space.

They [women] appear far later and look later for support. (I3: 34)

And what I think too is that women can preserve a stable impression of themselves for a longer time.

They can hide the usage for a longer time. (I4: 35-37)

A substantial result outlines the different dependencies of women during their drug usage. The interviewees stated that women use drugs often through their male partner or other men in their social network because it is rather the task of men to buy drugs. Thus, men have important information about and connections to different drug suppliers. This means, that women often

⁴ <http://checkit.wien/> Accessed December 8, 2017

depend on their partners or other men to get drugs further on and have difficulties to get drugs independently.

In terms of buying of substances, it is often the task of men and not of women. (I3: 36)

They [women] depend more often on their partner than vice versa. (I4: 24-25)

Differences in drug-related acts or drug-related crimes refer also to this dependency. While women use often prostitution to generate enough money, men do rather criminal acts, like robbery, theft or dealing drugs. On the one hand, women's behavior leads to more insecure and dependent relations, health issues, e.g. sexually transmitted diseases, unwanted pregnancy, etc. and violation. On the other hand, men are more often confronted with imprisonment or court orders for therapy. Therefore, men's drug-related acts rise more attention in the public space and of the security sector, whereby women's behavior is more hidden and rises less attention. In addition, it reinforces dependent social relations between men and women and women get very difficult to reach for professionals.

[...] women are more often in the context of prostitution and men do rather a robbery, well theft also, rather in the sector of personal injury. (I4: 44-45)

In this way, an inequality and disadvantage along the lines of sex and gender results.

Considering this dependency structure, it might not surprise that experiences of violence and related traumatization are women-specific issues. The interviewees confirmed the findings in the literature and outlined that women are more often victims of violence or abuse and make this more often a subject of discussion during the counseling. Due to their dependency on men, it is more likely that they remain in the violent relationship and less probable that they seek help. This might be also a reason that women appear later in the supportive system than men.

Women experienced also more often violence and they make violence more often a subject of counseling. (I1:20-21)

Related to the experiences of violence '[w]omen use drugs more often for coping strategies to cope with their depression, eating disorder, to avoid self-injury or to endure difficult situations, like the violence of the partner.' (I1:25-27)

In terms of consumption patterns, the observations of the interviewees are not completely consistent. Generally, there is the perception that men use drugs more excessively and more mixed than women. However, as we mentioned before, women seek help later than men. So, those women who find their way to drug help institutions are already in a very precarious situation due to their drug usage, otherwise, they wouldn't seek help. Thus, their drug usage pattern is often very excessive and harmful, when they reach the institution. Nevertheless, once women are in a treatment process, e.g. in a substitution therapy, it is more likely that they follow the therapy plan and to keep their usage pattern stable. A reason for this might be a general observation that men test their limits more consciously and use more often a critical dose.

It is easier to get women stable, well it is easier to find the right treatment. I think that they appear with a wilder consumption, but if they are in treatment than it works better. (I2: 31-33)

One of the biggest women-related issues, mentioned in all interviews is pregnancy during a period of drug usage. Once it is recognized that a drug-using woman is pregnant, professionals are highly sensitive and try to reduce harmful effects of drug usage as good as possible. Therefore, a strong relation and mutual trust are expedient. In addition, a cooperation with other relevant and responsible institutions, like the youth welfare office is necessary to ensure the health of the mother and child.

On the topic pregnancy and drug usage, we give a very high attention. Once we consider that a woman is pregnant or that a pregnant woman appears in our institution, we try to reach them in a more intense way through intensive contact seeking. The aim is to get these women in a proper care as early as possible. (I1: 59-62)

Moreover, women are more intense confronted with pregnancy-related questions of health check-ups, the possibility of abortion and childcare once the child is born. It is mostly the responsibility of women to take care of the children and to have contact with the youth welfare office. (I4: 25) Although the period of pregnancy is very vulnerable and stressful for every person involved, it contains also a specific opportunity for intervention and change, especially for the mother. However, adequate and helpful support is required to use this chance in a positive way.

4.2 Obstacles for women to reach drug help institutions

Many obstacles for women who use drugs to use drug help institutions relate to the differences between men and women mentioned above.

A big obstacle is the different dependent relations of women who use drugs. The dominant male counterparts have no interest that the woman approaches drug help institutions, otherwise, they would lose costumers or might fear legal consequences. This could lead to rising social and financial pressure for women, who depend on drug supply through men, e.g. partner, friends or dealer and to the necessity to maintain harmful and unequal relations.

Women depend more often on dealer or men and they have no interest that those women get into treatment. (I2: 63-64)

Another aspect refers to the responsibility of women to take care of their children. Especially low-threshold drug help institutions are not suitable for children and this is why children are not allowed to come with the mother. Since many women who use drugs have a poorly developed social network, they have little resources to find somebody who takes care of their children, while they are in counseling or therapy. This may lead to fewer opportunities for women with children to make use of drug help institutions, especially of low-threshold ones.

Well, yes, that's a very important aspect, because many drug-related institutions are unsuitable for children, but many clients don't have a very supportive child care network and they don't know what to do with the children when they come to us. (I4: 179-181)

More generally speaking, the different roles women and men have in society is an obstacle for women to use drug help institutions. There are different socialization processes between men and women that describes men as rather loud and dominant and women as rather shy and reserved. Due to their feelings of fear and shame, women hesitate to use supportive offers.

The socialization is different and as a woman, you have a different role and it's often the man who makes use of the offer. (I3, 67-68)

Related to that, the interviewees stated that the domination of men, that exists in every drug help institution in Vienna, might discourage women to use the offer. In addition, it is also the design of the offer and the premises that influence the attractiveness for women. Low-threshold contact points, like day centers with a big capacity, where it is repeatedly hectic and chaotic are often not attractive to women. There, it is hardly possible to control and mediate the different social dynamics, prevent verbal attacks and thus to guarantee a safe and pleasant environment for all visitors, but especially for women.

One obstacle could be the domination of men. In most of the drug-related institutions, men are the majority. So, I can imagine that some women are using the institutions less gladly because there are so many men or that there are thresholds which are difficult to overcome. (I1: 70-72)

However, the assurance of a safe environment refers not just to contact points, but also to counseling institutions. There, women could fear unpleasant encounters in the waiting area that could be also an obstacle to keep the appointment.

In the waiting room it could be also challenging for women, when they are confronted with many men, there, unpleasant talks could happen, etc. So, there we have a closer look, but it could be an additional inhibition. (I4, 10-12)

4.3 Already implemented and well-functioning offers

After the analyzation of differences between men and women and the different obstacles for women to use drug help offers, we outline now already implemented and well-functioning measures to consider those different needs of men and women and the different obstacles for women who use drugs.

In all interviews, the possibility of same-sex counseling has been mentioned as an important and considerable tool especially for female clients and is already implemented. It refers especially to women, because of their wide experience of violence through men and sensitive women-related issues, like prostitution, menstruation or pregnancy. That is why it is very important that a woman can be counseled by a female professional, at least for certain topics.

We try to organize the team half men half women, because there appear topics that are better to be discussed with a woman, in terms of violence or attacks. (I3: 22-23)

However, it was also mentioned that this must not always be the case. Although many women who use drugs have experiences of violence with men, it could be also useful to have a male

counselor. Thereby, ideas of male-specific behavior are questioned and thus the woman's conventional interaction with men. Though, this must be used very carefully and always with an agreement of the client.

However, it doesn't mean that women get always counseled by women because the other perspective could be also useful. We reflect a lot about that in terms of gender-sensitive working. (I4: 153-155)

Furthermore, all interviewees consider a multidisciplinary approach as necessary working with people who use drugs in order to handle the different related issues in a sound way. This includes the different professionals, like medical staff, social workers and psychologists among others. Best, all the different professionals are within one building. Thereby, you can pass on clients immediately. However, this is not always possible and depending on the institution also not always desirable. Though, an intact multidisciplinary network of professionals to pass people on is always required to ensure comprehensive support.

We work together with a gynecologist, also with a pharmacist who knows the issues of young women very well, we have a psychotherapist who has good knowledge about this topic, where we could pass on. (I3: 82-84)

In addition, the exchange of information between relevant drug help institutions via network meetings are also very important and already implemented. Depending on the type of the meeting, they exchange views about relevant information about the institutions itself (its offers, structural changes, etc.), drug policy and drug-related issues on the individual level. In terms of women, there exist two specific network meeting. Those are the woman drug network and the pregnancy network.

So, we are in the women drug network. There we keep us up to date on the different offers, where can we pass on women, if we can't offer them the adequate support and discuss different issues related to women who use drugs. In addition, we attend the pregnancy network. (I1: 57-60)

To consider the different issues men and women who use drugs are facing, one institution created a booklet with women-related information. Thereby, they want to spread relevant information especially for young women and girls. Another useful tool is the e-mail counseling, that works very good for women. There, they have many requests not just from Viennese women, but also from women around Austria and even from Germany or Switzerland. Through that, they can reduce barriers for women and can compensate their reserve.

The e-mail counseling works very good for women. I think that is a tool that works very good because you don't have such a barrier and you don't have to sit facing each other. (I3: 60-61)

Other than that, gender-related issues should be considered in a structural way. Quality management and gender-related guidelines are also mentioned as useful to ensure gender-sensitive support. There, institutional actions and strategies towards a gender-sensitive drug work are recorded and offer orientation to the respective professionals. In addition, staff who are

responsible for gender-related affairs and who have a specific focus on gender issues are also desirable (cf. I4, 151-152).

There exist also some specific offers that are just for women who use drugs. Those offers include the 'Frauencafé' (women's coffee), which is a day structuring offer in a drug-related day center in Vienna. It takes place one to two times per month within the day center in a separate room. During this time, the room is accessible just for women and no men are allowed to enter.

There, on the low-threshold basis, women should get the chance to get in social interaction with other women and just with women. For us, it is an important opportunity to get in touch with women who use drugs and to look what are the issues, what are the concerns, what are the needs that didn't attract attention until now and who needs and wants counseling. (I1, 43-47)

In terms of medical support, a gynecologist comes every two weeks to a low-threshold ambulatory and offers women-specific medical treatment. Women can come on these days without appointments and can do their medical check-ups. In addition, they offer a three-month-injection free of charge. Although the access of men is not prohibited during this offer, the offer is very well received by women.

You notice that more women come to us when the gynecologist is here and then they don't just use the gynecologist but use the general practitioners, or that they bring different problems up during the gynecologist clarification and she passes the woman on. (I2, 71-74)

Another important women-specific offer, provided by a counseling institution is the 'Frauensache' (women's issue). This is a group offer just for women that takes place one morning a week. On this morning no male clients can come and even the male staff is asked to have office work and to be as discreet as possible. The counseling appointments are also reserved just for women and work parallel. The 'Frauensache' is held by two social workers and one doctor. In addition, a psychiatrist is available if necessary. The offer targets especially women, who are not able to adhere the appointments and aims to decrease the inhibitions of access. Once very intense and personal issues appear within the group setting, the staff can offer a face to face counseling immediately.

Generally, '[t]his setting should guarantee that women can come, that there is a relaxed atmosphere, that there is the opportunity of social exchange with each other.' (I4, 114-115)

In addition, at another counseling institution in Vienna, a mother-child group offer takes place every second week. 'There, women with little children meet each other in order to interchange their issues.' (I4: 125)

Overall, the interviewees concern women-specific offers (e.g. 'Frauencafé', 'Frauensache', mother-child group) and offers that are more likely used by women (e.g. E-mail counseling) as key elements to reach women who use drugs. Due to already outlined barriers and obstacles of women, just women-specific offers show the need of women who use drugs and enable professionals and institutions to generate a more holistic and gender-sensitive offer for all people who use drugs.

Well, a specific offer just for women is totally useful. (14: 92)

4.4 Required measures to improve the offer for women who use drugs

The interviewees state many different desirable measures in terms of the design of current offers and useful new offers.

Due to the good experiences of already implemented offers that work with women-specific opening hours, the enlargement of such offers is required. This includes specific opening hours, or certain time slots that are reserved just for women. Thereby, inhibitions to use the offer decrease and one gets more information about the women's needs.

More, or as much as possible specific offers for women. Specific opening hours for women would be very helpful. (11:83, 84)

However, it might be very difficult for big low-threshold institutions to close the offer for men for a certain time, due to its unstable target group. Those institutions base on a very easy accessibility and on the provision of immediate support. Therefore, a lack of understanding and frustration of men could result, and you may forfeit important contacts with men. There, woman-specific offers like the 'Frauencafé' within the daily operation is a compromise.

[...] well in low-threshold institutions is it difficult to divide the offer between men and women focused. I think it is reasonable in high-threshold institutions. (12, 135-137)

Yet, this difficulty decreases not the necessity of a frequent offer just for women who use drugs. Accordingly, a specific recreation room just for women who use drugs would be useful to consider women's needs best.

What I think is that there is a need for a recreation room for women who use drugs, where just women are entering. Especially for youth and young women, a specific youth center or something like this. (13: 135-137)

Nevertheless, the interviewees stated high potential within the current institutions and claim that every institution should enlarge its offer for women who use drugs as much as possible. However, the expansion of women-specific offers requires more resources in terms of time, staff and money and therefore new offers are hardly possible.

[...] we have a lack of money. (12: 75)

It's also a question of time and resources. (13: 121)

Beside this, an enlargement of the medical sector is necessary. A better and easier access to psychotherapy would improve the treatment of traumatized women. In terms of unwanted pregnancy, a better financial support for abortion is required to ensure every women's self-determination. More low-threshold outpatient services and gynecologists for women would improve the medical care for unstable and hard to reach clients and could prevent diseases or

unwanted pregnancies. Through a low-threshold and sensitive setting feelings of shame and guilty would decrease. In terms of the stationary services few women-specific offers are known and an enlargement is also required (I2: 180-182, I2: 183-184, I3: 142-143, I4: 199-200).

Furthermore, more women-specific information in information folders or specific booklets would raise awareness about women-specific issues and offers. These folders should be distributed within the different institutions, but also within the clients and places, the target group is visiting. This could be combined with an enlargement of women focusing outreaching work whereby more women should be reached (cf. I3).

Other than that, the access for women with childcare responsibilities should be enabled by the institutions. This should be ensured especially in higher-threshold institutions through the creation of a waiting room for children and the possibility of child care during the counseling (cf. I4). Due to its harmful environment, this may be a problem in big low-threshold institutions.

If it would be possible, it would be very important that women can come there with their children. However, it is not possible to implement this in our institutions. (I1:123-126)

However, all possible improvements dealing with this lack should be implemented and may include a separate entrance and room for women with children or a separate waiting area.

Relating to this issue, offers for children of parents who use drugs should be extended. This offer should deal with the child of the parents, about its feelings, needs, and thoughts about the difficult situation. '[S]uch an offer is very rare in Vienna, a specific consultation for children.' (I4: 195)

However, it is not just about the enlargement of offers within the drug help system, but also about related support systems like the Viennese Assistance to the Homeless. The interviewees stated the necessity of more offers for homeless women or women living in precarious housing conditions. Due to the different dependent relations to men, many women are living in concealed homelessness and in precarious situations. Similar to the drug help system, the assistance to the homeless is men dominated and women's needs are underrepresented.

The whole Viennese Assistance for the Homeless should be expanded for women. There exists de facto too little offer and many women must still find accommodation anywhere. That must be designed that attractive so that a woman doesn't even think about the option to find accommodation at any guy, but to have an alternative that fits her needs. That is very very important. (I3: 138-141)

The claims include especially the enlargement of adequate emergency overnight shelters and assisted living places.

5 Discussion and outlook

The results of the empirical research give a diversified insight into gender-sensitive approaches in the Viennese drug help system. It becomes obvious that there exists a high awareness about

gender-related differences of people who use drugs and that a gender-sensitive approach is required to meet these differences and gender-related issues.

It turned out that the mentioned differences between men and women are highly connected with the stated obstacles for women to use drug help services. Those obstacles refer to a rather passive demeanor of women, characterized by shyness, shame, and calm, to dependent relations of women to men, due to the different gender roles and drug-related acts like sex work and to child care responsibilities that are mostly taken by women. All this inhibit women to use drug help offers.

Gender-related literature, as well as the interviewees, agree that women-specific offers are required to reduce these obstacles. Fortunately, such women-specific offers exist already selectively in Vienna and include group offers, such as the 'Frauensache', the 'Frauencafé' or a mother-child group. In addition, there exist women-specific socio-medical offers, such as low-threshold gynecological clarification or free three-month injections and the possibility to take a child to a counseling institution. However, the interviewees demonstrated awareness that these offers are not enough to satisfy women's needs and showed motivation to work on an enlargement of services for women who use drugs.

The shortcomings were already confirmed by a survey about the gender-sensitive drug work in Vienna in the year 2005, where it is stated that '[...] women are under-represented in drug-support facilities. This is largely because services do not adequately consider their particular needs and circumstances such as child care responsibilities, daily routines determined by (clandestine) prostitution, life in a violent relationship, and other factors that women have to face much more frequently than men.' (Sucht- und Drogenkoordination Wien 2013)

In all questioned institutions, male dominance is evident and the creation of a safe and comfortable environment for women is not always possible and ensured. This applies especially to bigger and very low-threshold institutions that work rather with an unstable target group and offer immediate support. In terms of access, such institutions base on as little as possible restrictions. Therefore, certain opening hours just for women are difficult to implement, due to the claim to be reachable as much as possible. Due to its size and partially precarious environment, such institutions offer no desirable place for children. Consequently, women with children are excluded from the offer. Although all questioned institutions have a high awareness about the issue of pregnancy and drug use and try to reach pregnant women intensively, the mentioned environment in big and low-threshold institutions might inhibit a desirable and longer-term support.

Considering the results of the interviews and the suggestions of the literature, more offers designed especially for women who use drugs are necessary to eliminate these shortcomings.

One of the most expedient, but also most expensive measure to improve the drug help service for women is a holistic low-threshold institution just for women who use drugs. Such a holistic low-threshold institution should include a socio-medical outpatient service for insured as well as uncovered women, with short waiting times for an appointment and where they don't get stigmatized. (I2: 180-182) A recreation room and an attractive emergency overnight shelter just

for women. (I3: 135-137, 139-141) In addition, the street work service should be enlarged and focus especially on women in the public space. Therefore, it might be possible to decrease the obstacles for women to use the offer significantly and reach far more women who use drugs.

The interviewees declared also that an expansion of women-specific offers within the current institutions would be possible and desirable. Therefore, a further integration of women-specific offers into existing institutions is suggested. Due to the mentioned obstacles for big low-threshold institutions, such as the 'Jedmayer' this refers especially to higher-threshold institutions and to smaller low-threshold ones. Beside the 'Jedmayer', a smaller low-threshold counseling service with integrated day center exists in Vienna, called 'change'. The capacity of this institution is far smaller. In the year 2016, the average number of visitors per day was about 46 people, compared to 252 people at the 'Jedmayer'. (suchthilfe wien 2016) Thus, it may be possible to implement women-specific offers in an easier way. This should include social, as well as medical support, such as group offers just for women, certain opening hours just for women, certain opening hours, where women can come with their children and women-specific medical clarification.

Nevertheless, this research represents just a brief investigation of the gender-sensitive approach in selected Viennese drug help institutions and should serve as an orientation for further and more comprehensive research. Such a research should include a combination of qualitative and quantitative research approaches and cover different stakeholders, including women who use drugs and their relatives, professionals, and heads of drug help institutions and responsible people for the drug policy of Vienna. Such a research should contribute to the collection of more detailed information about gender-related issues and should provide a sound basis for developing concrete strategies to deal with those issues in a comprehensive way.

Bibliography

Csete, Joanne. 2010. From the Mountaintops What the World Can Learn from Drug Policy Change in Switzerland. Accessed October 28, 2017. Available from:

<https://www.opensocietyfoundations.org/sites/default/files/from-the-mountaintops-en-20160212.pdf>

Deutschmann, Anna. 2014. Inhaltsanalysen. Qualitative Verfahren der Textanalyse und Textinterpretation. In. Qualitative Methoden in der Entwicklungsforschung, edited by Petra Dannecker, Birgit Englert et. al. Mandelbaum Verlag. 95-110

Domoslawski, Artur. 2011. Drug Policy in Portugal: The Benefits of Decriminalizing Drug Use. Translated by Hanna Siemaszko. Accessed October 28, 2017. Available from:

<https://www.opensocietyfoundations.org/sites/default/files/drug-policy-in-portugal-english-20120814.pdf>

Fiorito, Joe. 2011. „No harm in harm reduction.“ Toronto Star; Toronto, Ont. Accessed May 22, 2017.

Global Commission on Drug Policy (GCDP). 2012. „The War on Drugs and HIV/AIDS How the Criminalization of Drug Use Fuels the Global Pandemic.“ Accessed October 27, 2017.

Available from: https://globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/GCDP_HIV-AIDS_2012_REFERENCE.pdf

Global Commission on Drug Policy (GCDP). 2014. “Taking Control – Pathways to Drug Policies That Work.” Accessed May 23, 2017. Available from:

https://static1.squarespace.com/static/53ecb452e4b02047c0779e59/t/540da6ebe4b068678cd46df9/1410180843424/global_commission_EN.pdf

Harm Reduction International (HRI). 2014. “The Global State of harm reduction 2014”

Accessed October 10, 2017. Available from: <https://www.hri.global/contents/1524>

International Harm Reduction Development Program (IHRDP). 2007. „Women, Harm Reduction, and HIV.“ Accessed May 23, 2017. Available from:

https://www.opensocietyfoundations.org/sites/default/files/women_20070920.pdf

Kalina, Kamil. 2007. „DEVELOPING THE SYSTEM OF DRUG SERVICES IN THE CZECH REPUBLIC.“ Journal of Drug Issues 37, no. 1: 181-204

Keeney, Elizabeth; Saucier, Roxanne. 2010. Lowering the Threshold: Models of Accessible Methadone and Buprenorphine Treatment. Accessed November 21, 2017. Available from:

<https://www.opensocietyfoundations.org/sites/default/files/lowering-the-threshold-20100311.pdf>

Malinowska-Sempruch, Kasia. 2015. „What Interventions Are Needed for Women and Girls Who Use Drugs? A Global Perspective.“ *Journal of Acquired Immune Deficiency Syndromes*. 69, no. 2: 96-97. Accessed May 24, 2017. Available from: http://journals.lww.com/jaids/Abstract/2015/06011/What_Interventions_Are_Needed_for_Women_and_Girls.3.aspx

Mayring, Philipp. 2002. *Einführung in die qualitative Sozialforschung. Eine Anleitung zu qualitativem Denken*. Weinheim und Basel: Beltz Verlag

Mental Health Weekly Digest. 2013. „Drug Policy; Study Data from M. Edland-Gryt and Colleagues Update Understanding of Drug Policy.“

Pinkham, Sophie; Myers Bronwyn; Stoicescu, Claudia. 2012. „Developing effective harm reduction services for women who inject drugs.“ Accessed July 14, 2017. Available from: <http://www.harm-reduction.org/library/developing-effective-harm-reduction-services-women-who-inject-drugs-ihra-official-website>

Sakha, Mino Alipouri; Kazerooni, Parvin Afsar, Zandian, Hamed; et al. 2015. “Challenges and Successes of Harm Reduction Services in Women's Drop-in Centres: Perspective of Vulnerable Women.” *Materia Socio-Medica* 27, no. 6: 434-437.

Sucht- und Drogenkoordination Wien. 2013. *The Vienna Addiction and Drug Strategy 2013*. Accessed December 9, 2017. Available from: https://sdw.wien/wp-content/uploads/WSD_ENGLISH.pdf

United Nations Office on Drugs and Crime (UNODC). 2009. „Tools and strategies for service providers working with women who use drugs and spouses of men who use drugs.“ Accessed October 15, 2017. Available from: http://www.unodc.org/documents/pakistan//briefs%202/Tools_and_Strategies_for_Service_Providers_working_with_Women_who_Use_Drugs_and_the_Spouses_of_Men_who_Use_Drugs_opt.pdf

United Nations Office on Drugs and Crime (UNODC). 2014. „Science addressing drugs and HIV: State of the Art of Harm Reduction - Scientific Consultation.“ Accessed October 15, 2017. Available from: http://www.unodc.org/documents/hiv-aids/CND2014/Scientific_Statement_Science_addressing_drugs_and_HIV_State_of_the_Art_-_FINAL.pdf

United Nations Office on Drugs and Crime (UNODC). 2016a. “World Drug Report 2016.” United Nations publication, Sales No. E.16.XI.7. Accessed June 12, 2017. Available from: http://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf

United Nations Office on Drugs and Crime (UNODC). 2016b. “New Approaches on Harm Reduction with a look at UNGASS 2016 Conference Room Paper 59th session of the Commission on Narcotic Drugs.” Accessed June 3, 2017. Available from: http://www.unodc.org/documents/ungass2016/Contributions/IGO/GIZ/Conference_Room_Paper_on_Harm_Reduction_final.pdf

Homepages

Adiktologie. 2006. „Low-Threshold Drug Services.“ Accessed November 22, 2017. Accessible:
<http://www.adiktologie.cz/cz/articles/detail/396/2036/Low-Threshold-Drug-Services>

<http://www.suchthilfe.wien/beratung-betreuung-wohnen/jedmayer/> Accessed December 8, 2017

<http://www.suchthilfe.wien/beratung-betreuung-wohnen/ambulatorium-shw/> Accessed December 8, 2017

<http://checkit.wien/> Accessed December 8, 2017

Appendix

Interview guideline with professionals working in Viennese drug treatment services

General

1. In your institution/program, which challenges have you experienced with women who use drugs?
2. Which relevant differences between women and men who use drugs can you mention?
 - Are there differences in terms of social or sanitary effects of drug usage?
 - Are there differences in terms of effects of drug treatment services?
 - Are there differences in terms of the harm reduction approach?

Access

3. How does your institution/program try to reach women who use drugs?
4. Which obstacles are women who use drugs facing when accessing your institution/the program?
5. What would be necessary in order to reach more women who use drugs?

Offer

6. What kind of special offers do you have for women who use drugs?
 - How are you considering their children? Do you provide any parental advice or care in order to support them with their children?
 - Do you have specific opening hours just for women?
 - In your opinion, how do women who use drugs feel being in your institution/program?

Outlook

7. What do you think about the extent of gender-sensitivity in your institution/program?
 - In your opinion, to what extent is a focus on men in your institution/program?
 - In your opinion, is there enough offer for women who use drugs in your institution/program?
8. Which offers should be implemented in order to improve the service for women who use drugs in your institution/program?
9. In general, what would be needed in order to improve the drug treatment services for women in Vienna?
 - Is there a necessity of a new institution/program?

Conducted interviews

Interview 1, conducted on October 12, 2017

Interview 2, conducted on October 12, 2017

Interview 3, conducted on October 17, 2017

Interview 4, conducted on October 19, 2017